

**State of Vermont
Agency of Natural Resources
Wastewater Management Division**

**APPLICATION FOR SOLID WASTE CERTIFICATION –
RESIDUALS MANAGEMENT**

TYPE OF APPLICATION

- ☐ Solid waste management certification
- ☐ Amendment to an existing certification

FEES (payable by check or money order to “Treasurer - State of Vermont”)

- Fee Submitted: ☐ \$950. Land application projects and facilities that further reduce pathogens and non-minor amendments to existing certifications.
- ☐ \$110. All other types of non-disposal facilities and minor amendments to existing certifications.

APPLICANT

Name:

Business Name:

Title:

Mailing Address:

Telephone Number:

E-Mail Address:

FACILITY

Name:

Mailing Address:

Telephone Number:

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GENERAL

Date of Application:

Proposed Certification Duration, in Years:
(Maximum duration is five years)

Type of Solid Waste Management Facility:
(i.e. Land Application, Composting, etc)

FACILITY OWNER (if different than Applicant)

Name:

Signature: _____

Mailing Address:

Telephone Number:

PRIMARY CONTACT PERSON

Name:

Mailing Address:

Telephone Number:

E-Mail Address:

SECONDARY CONTACT PERSON

Name:

Mailing Address:

Telephone Number:

E-Mail Address:

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FOR EACH PARCEL OF LAND *Attach additional sheets as necessary*

LANDOWNER:

I, _____ (print name), recognize that by signing this application I am giving consent for employees of the State of Vermont to enter the subject property for the purpose of processing this application.

Signature: _____

Mailing Address:

If land is leased, Lessor's name:

Useable Acreage:

Identification:

Road or Street:

Town:

APPLICATION PREPARER

Name:

Signature: _____

Mailing Address:

Telephone Number:

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ENGINEER'S CERTIFICATION

(Unless waived, in writing, by the Secretary pursuant to §6-304(d) of the Vermont Solid Waste Management Rules. Attach waiver letter.)

I, _____, a Professional Engineer licensed to practice in the State of Vermont (Title 25 Chapter 20), certify that the support documents listed as appended to this application meet appropriate technical standards required by the Vermont Solid Waste Management Rules, effective January 15, 1999, Subchapters 5, 6, 7, 9, and 10, to the best of my knowledge and belief, and based on the information available to me at the time of application.

Engineer's Signature

Date

License Number:

Expiration Date:

APPLICANT'S CERTIFICATION

I, _____, the duly authorized applicant, hereby make application for certification of the Solid Waste Management Facility named herein and described fully in supporting documentation. The application consists of this application form, the documents listed below as appended to this application. I further certify, in cases where the Secretary has waived the requirement for a Professional Engineer's certification, that the support documents listed as appended to this application meet appropriate technical standards required by the Vermont Solid Waste Management Rules, effective January 15, 1999, Subchapters 5, 6, 7, 9, and 10, to the best of my knowledge and belief, and based on the information available to me at the time of application.

Applicant's Signature

Date

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ATTACHMENTS

List below the title(s) and date(s) of any documents appended or included as a part of this application (attach additional sheets as necessary):

Title or Reference

Date

Other permits may be necessary for this project. For further information, contact the Agency of Natural Resources Regional Office in your area and ask to speak with the Permit Specialist.

For specific questions about this form or the certification process, contact the Wastewater Management Division, Residuals Management Section, at (802) 241-3822.

Rev. 07/10